

PROVIDER NAME: \_\_\_\_\_  
PROVIDER NUMBER: \_\_\_\_\_  
PERIOD FROM/TO: \_\_\_\_\_

Schedule SC-3  
Adult

COMPUTATION OF SPECIALIZE CARE BASE OPERATING COSTS

1	Total Specialize Care Costs (From HCFA 2552, Worksheet B, Part I, Col 27 or HCFA 2540, Worksheet B, Part I, Col 18, appropriate cost center line)	1	_____
2	Less: Specialize Care Plant Costs (From HCFA 2552, Worksheet B, Part II, Col 27 or HCFA 2540, Worksheet B, Part II, Col 18, appropriate cost center line)	2	_____
3	Total Specialize Care Operating Costs (Line 1 minus Line 2)	3	_____
4	Total Direct Patient Care Nursing Service Costs (From Schedule SC-4, Line 4)	4	_____
5	Total Indirect Patient Care Operating Costs (Line 3 minus Line 4)	5	_____

Transfer Line 2 to Schedule SC-7, Line 15  
Transfer Line 4 to Schedule SC-7, Line 1  
Transfer Line 5 to Schedule SC-7, Line 6

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Schedule SC-4  
Adult

COMPUTATION OF SPECIALIZED CARE DIRECT PATIENT CARE  
NURSING SERVICE COSTS

1

Nursing Administration

A

Nursing Administration Salaries (Director of Nursing, Assistant Director of Nursing, and Nursing Unit Supervisors)

1A

B

Nursing Administration Employee Benefit Costs (Line 1A x HCFA 2552 or 2540, Worksheet B-1, Col 3, Line 104 or 66, as applicable)

1B

C

Total Nursing Administration Costs (Line 1A + Line 1B)

1C

D

Percentage of Total Nursing Administration Costs Allocated to the Facility's Nursing Facility (NF) [HCFA 2552 or 2540, Worksheet B, Part I, Col 12, Specialize Care Cost Center Line/Line 12 or Col 9, Specialize Care Cost Center Line/Line 9, as applicable]

1D

Total NF's Nursing Administration Costs (Line 1C x Line 1D)

1

2

Direct Nursing Service

A

Salaries - RN's, LPN's, CNA's

2A

B

Employee Benefits - RN's, LPN's, and CNA's (Line 2A x HCFA 2552 or 2540, Worksheet B-1, Col 3, Line 104 or 66, as applicable)

2B

C

Contract Nursing Services for RN's, LPN's, and CNA's

2C

D

Nursing Departmental Supplies

2D

E

Professional Fees (Medical Director and Pharmacy Consultant Fees)

2E

Total Direct Nursing Service Costs (Sum of Lines 2A through 2E)

2

3

Minor Medical and Surgical Supplies

A

Total Facility Central Services and Supply Costs (HCFA 2552 or 2540, Worksheet B, Part I, Col 0, Lines 14 or 10, as applicable)

3A

B

Total Facility Central Services and Supply Costs Employee Benefit Costs (HCFA 2552 or 2540, Worksheet B, Part I, Col 3, Line 13 or 10, as applicable)

3B

C

Total Facility Central Services and Supply Costs (Line 3A + Line 3B)

3C

D

Percentage of Total Central Services and Supply Costs Allocated to the Facility's NF (HCFA 2552 or 2540, Worksheet B, Part I, Col 13, Specialize Care Cost Center Line/Line 13 or Col 10, Specialize Care Cost Center Line/Line 10, as applicable)

3D

E

Total NF's Central Service and Supply Costs (Line 3C x Line 3D)

3E

F

Minor Medical and Surgical Supplies Costs (Not charged to patients or allocated through Central Services Department)

3F

G

Oxygen Costs (Not charged to patients)

3G

H

Cost of Nutrient/Tubefeeding Supplies Issued to Specialize Care Patients (Not charged to Patients)

3H

Total Minor Medical and Surgical Supplies (Sum of Lines 3E through 3H)

3

4

Total Specialized Care Direct Patient Care Nursing Service Costs (Line 1 + Line 2 + Line 3)

4

Transfer Line 4 to Schedule SC-3, Line 4

Please provide Reconciliation Schedule of Costs Claimed on Lines 1, 2, and 3 to NF's Working Trial Balance and/or Financial Statements

PROVIDER NAME: \_\_\_\_\_  
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Schedule SC-5  
Adult

COMPUTATION OF SPECIALIZE CARE KINETIC THERAPY ANCILLARY SERVICE COSTS

1	Total Kinetic Therapy Service Costs (From HCFA 2552 or 2540, Worksheet B, Part I, Col 25 or Col 18, as applicable)	1	_____
2	Total Kinetic Therapy Charges (From Provider's Records)	2	_____
3	Ratio of Cost of Charges (Line 1/Line 2)	3	_____
4	Title XIX Ancillary Charges (DMAS MMR-240)	4	_____
5	Total Title XIX Kinetic Therapy costs (Line 3 x Line 4)	5	_____
6	A Total Title XIX Kinetic Therapy Rental Days	A	_____
	B Title XIX Kinetic Therapy Rental Day Ceiling	B	<u>102.00</u>
	Title XIX Kinetic Therapy Ceiling (Line 6A x Line 6B)	6	_____
7	Title XIX Kinetic Therapy Ancillary Services Costs (Lower of Line 5 or 6)	7	_____

Transfer Line 7 to Schedule SC-6, Line 17

PROVIDER NAME: \_\_\_\_\_  
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PERIOD FROM/TO: \_\_\_\_\_

Schedule SC-6  
Adult

COMPUTATION OF SPECIALIZE CARE DIRECT PATIENT CARE  
ANCILLARY SERVICE COSTS

	Title XIX Ancillary Service Cost Centers	Total Ancillary Service Costs	Total Ancillary Charges (From Provider's Records)	Ratio of Cost to Charges (Col 1/Col 2)	Title XIX Ancillary Charges (DMAS MMR-240)	Title XIX Direct Patient Care Ancillary Service Costs (Col 3 x Col 4)
		(1)	(2)	(3)	(4)	(5)
1	Radiology					
2	Laboratory					
3	Inhalation Therapy					
4	Physical Therapy					
5	Occupational Therapy					
6	Speech Therapy					
7	EKG					
8	EEG					
9	Medical Supplies Charged to Patients					
10	IV Therapy					
11	Enteral Feedings					
12						
13						
14						
15						
16	Sub-Total					
17	Title XIX Allowable Kinetic Therapy Ancillary Service Costs (From Sch SC-5, Line 7)					
18	Total Specialize Care Ancillary Service Costs (Line 16 + Line 17)					
19	Total Specialize Care Title XIX Patient Days (From Sch SC-9, Part III, Line 7)					
20	Title XIX Specialize Care Ancillary Service Cost Rate (Line 18/Line 19)					

Transfer Line 18 to Schedule SC-9, Line 8  
Transfer Line 20 Rate to Schedule SC-7, Line 17

Total Ancillary Service Costs on Line 1-16, Col 1 above, shall agree with:  
(1) HCFA 2552, Worksheet B, Part I, Col 25, appropriate ancillary service cost center lines, or  
(2) HCFA 2540, Worksheet B, Part I, Col 18, appropriate ancillary service cost center lines

Ratio computed in Column 3 should be carried to six (6) decimal places

PROVIDER NAME: \_\_\_\_\_  
PROVIDER NUMBER: \_\_\_\_\_  
PERIOD FROM/TO: \_\_\_\_\_

Schedule SC-7  
Adult

COMPUTATION OF SPECIALIZE CARE BASE COSTS AND PROSPECTIVE RATE  
FIRST SEMI-ANNUAL PERIOD

1	Specialize Care Direct Patient Care Nursing Service Costs (From Sch SC-4, Line 4)	1	_____
2	Total Title XIX Specialize Care Patient Days	2	_____
3	Title XIX Specialize Care Direct Patient Care Operating Cost Base Rate (Line 1/Line 2)	3	_____
4	Title XIX Prospective Specialize Care Direct Patient Care Operating Cost Base Rate (Line 3 x Inflation Percentage)	4	_____
5	Title XIX First Semi-Annual Prospective Specialize Care Direct Patient Care Operating Cost Rate (Line 4 x First Semi-Annual NCMI Cost Rate Adjustment)	5	_____
6	Total Specialize Care Indirect Patient Care Operating Cost (From Sch SC-3, Line 5)	6	_____
7	Total Title XIX Specialize Care Patient Days (Line 2)	7	_____
8	Title XIX Specialize Care Indirect Patient Care Operating Cost Base Rate (Line 6/Line 7)	8	_____
9	Title XIX Prospective Specialize Care Indirect Patient Care Operating Cost Base Rate (Line 8 x Inflation Percentage)	9	_____
10	Total Title XIX Prospective Specialize Care Operating Cost Rate (Line 5 + Line 9)	10	_____
11	Title XIX First Semi-Annual Prospective Specialize Care Operating Ceiling	11	_____
12	Title XIX First Semi-Annual Prospective Specialize Care Operating Cost Rate (Lower of Line 10 or Line 11)	12	_____
13	Title XIX First Semi-Annual Prospective Operating Efficiency Incentive Rate (From Sch SC-8, Line 5)	13	_____
14	Total Title XIX First Semi-Annual Prospective Specialize Care Operating Rate (Line 12 + Line 13)	14	_____
15	Total Specialize Care Plant Costs (From Sch SC-3, Line 2)	15	_____
16	Title XIX Specialize Care Plant Cost Rate (Line 15/Line 2)	16	_____
17	Title XIX Specialize Care Ancillary Service Cost Rate (From Sch SC-6, Line 20)	17	_____
18	Total Potential Specialize Care Reimbursement Rate (Line 14 + Line 16 + Line 17)	18	_____
19	Average Title XIX Specialize Care Charges (Total Charges, Sch SC-9, Part IV, Line 3/Sch SC-7, Title XIX Patient Days, Line 2)	19	_____
20	Title XIX Specialize Care Reimbursement Rate for the First Semi-Annual Period (Lower of Line 18 or Line 19)	20	_____
21	Total "NATCEPs" Cost Rate (From PIRS-1090, Sch H, Line 30)	21	_____
22	Total Title XIX Specialize Care Reimbursement Rate for First Semi-Annual Period of: 01/00/00 (Line 20 + Line 21)	22	_____

PROVIDER NAME: \_\_\_\_\_  
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PERIOD FROM/TO: \_\_\_\_\_

Schedule SC-8  
Adult

COMPUTATION OF PROSPECTIVE SPECIALIZE CARE  
OPERATING EFFICIENCY INCENTIVE RATES  
FIRST SEMI-ANNUAL PERIOD

1	Title XIX First Semi-Annual Prospective Operating Ceiling (Sch SC-7, Line 11)	1	_____
2	Title XIX First Semi-Annual Prospective Operating Cost Rate (Sch SC-7, Line 10)	2	_____
3	Incentive Base (Line 1 - Line 2) [Note: If Incentive Base is equal to or less than zero, Efficiency Incentive on Line 5 will equal zero (0)]	3	_____
4	Percentage of Difference (Line 3/Line1) [Limited to 25%]	4	_____
5	Title XIX First Semi-Annual Prospective Operating Efficiency Rate [As Limited] (Line 3 x Line 4)	5	_____

Transfer Line 5 to Schedule SC-7, Line 13

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Schedule SC-9  
Adult

PART I: COMPUTATION OF SPECIALIZE CARE SETTLEMENT

		1st Semi-Annual Period		2nd Semi-Annual Period	
		From:		From:	
		To:		To:	
1	Total Prospective Operating Rates (PY PIRS 1090, Sch SC-7, Line 14)	1A		1B	
2	Semi-Annual Title XIX Patient Days (Sch SC-9, Pt III, Lines 3 and 6)	2A		2B	
3	Semi-Annual Prospective Reimbursement (Lines 1A x 2A and 1B x 2B)	3A		3B	
4	Total Potential Prospective Specialize Care Reimbursement (Line 3A + Line 3B)			4	
5	Current Year Specialize Care Plant Cost Rate (Sch SC-7, Line 16)			5	
6	Total Title XIX Specialize Care Patient Days (Sch SC-9, Pt III, Line 7)			6	
7	Total Current Specialize Care Plant Cost Reimbursement (Line 5 x Line 6)			7	
8	Total Current Specialize Care Ancillary Service Cost Reimbursement (Sch SC-6, Line 18)			8	
9	Total Current Specialize Care NATCEPs Cost Reimbursement (Sch SC-7, Line 21 x Sch SC-9, Pt III, Line 7)			9	
10	Total NF Specialize Care Title XIX Potential Reimbursement (Lines 4 + 7 + 8 + 9)			10	
11	Total Current Title XIX Specialize Care Charges (Sch SC-9, Pt IV, Line 3)			11	
12	Total Title XIX Specialize Care Reimbursement (Lower of Line 10 or 11)			12	
13	Total Payments Paid to Provider-All Sources (Sch SC-9, Pt II, Col 2, Line 4)			13	
14	Balance Due To/(From) Provider (Line 12 - Line 13)			14	
15	Settlement After Submission of the Cost Report:			15	
		Date	Amount		
	Payment #1				
	Payment #2				
	Payment #3				
	Payment #4				
16	Final Balance Due To/(From) Provider (Line14 - Line 15)			16	

PART II: ANALYSIS OF SPECIALIZE CARE INTERIM PAYMENTS FOR TITLE XIX SERVICES

Description		Payment from Intermediary		Patient Pay or Payments from Primary Carrier
1	Total Payments per DMAS MMR-240			
2	Add/(Deduct) Cash Advance From/(To) Intermediary Relative to the Reporting Period	Date	Amount	
3	Total (Line 1 + Line 2)			
4	Total Interim Payments (Part II, Line 3, Col 1 + Col 2)			

PART III: ANALYSIS OF QUARTERLY TITLE XIX (MEDICAID) SPECIALIZE CARE PATIENT DAYS

1	First Quarter Patient Days Per DMAS MMR-240	1	
2	Second Quarter Patient Days Per DMAS MMR-241	2	
3	First Semi-Annual Period Patient Days (Line 1 + Line 2)	3	
4	Third Quarter Patient Days Per DMAS MMR-241	4	
5	Fourth Quarter Patient Days Per DMAS MMR-242	5	
6	Second Semi-Annual Period Patient Days (Line 4 + Line 5)	6	
7	Total Patient Days (Line 3 + Line 6)	7	

PART IV: ACCUMULATION OF TITLE XIX SPECIALIZE CARE CHARGES

1	Ancillary Services (Per DMAS MMR-240) [Sch SC-5, Line 4 + Sch SC-6, Col 4, Line 16]	1	
2	Routine & Special Care Charges (Per DMAS MMR-240)	2	
3	Total Medicaid Charges for Lower of Reimbursement or Charge Comparison (Line 1 + Line 2)	3	